TO:18506176383 FROM:5612934213 08:45 AM 08/22/2019 Page:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000250939 3)))



H190002509393ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:	
LIIIOAAA	AGG: C33:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TONUS SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Page: 3 08/22/2019 08:45 AM TO:18506176383 FROM:5612934213

COVER LETTER
--------------

7,

TO:	Registration Se Division of Cor			
	TONUS SE	RVICES LLC		
SUBJE	ct:	Name of Limi	ted Liability Company	
The ent	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
		ndence concerning this matter (		
	•	STEPHANIE CASTRO		
		ACCOUNT BOOKKEEPE	Name of Person NG CORP	
		5301 CONROY RD, STE	Fimt/Company	
		ORLANDO, FL, 32832	Address	
		CONTROL@ABKCORP.C		
		E-mail address: (	o be used for future annual report notif	ication)
For fur	ther information o	concerning this matter, please ca	dl:	
STEPI	IANIE CASTRO		407 898-1757	
	Name o	of Person	At ()	: Telephone Number
Enclos	ed is a check for t	he following amount:		
\$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations 30x 6327 assec, FL 32314	STREET/COURT Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	n ations  nter Circle

Page: 4 08/22/2019 08:45 AM . TO: 18596176383 FROM: 5612934213

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TONUS SERVI			
(Name of the Limited Liability Compa (A Florica Limited I	ny as it now appear Jability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL18000160967	were filed on	07/02/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	997 W Kennedy	Blvd, STE 25 #3	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL, 32	810	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	997 W Kennedy Orlando, FL, 32	/ Blvd, STE 25 43 810	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	997 W Ke	ennedy Blvd, STE 25 s rida street address	<b>*</b> 3
	Orlando	, Florida _	Zip Code
	City		Lip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page: 5 08/22/2019 08:45 AM TO:18506176383 FROM:5612934213

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TONUS, ALEXANDRE	997 W Kennedy Blvd, STE 25 #3	\ \dd
		Orlando, FL, 32810	☐ Remove
			■ Change
			☐ Remove
			☐ Change
			🗖 Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Remove
			☐ Change
			□ Add
			Re:nove
			☐ Change

6		2/2019				FROM: 5612934213
D. If	amending	any other	information	a, enter chang	e(s) here: (Attach add	litional sheets, if necessary.)
	******************************			·	<u>,</u>	- Control of the Cont
	<u></u>			<del></del>	<del></del>	the state of the s
	*****					Andrew Control of the
			<del></del>			
	<del></del>		<del></del>			P
	<del></del>					
		<del>-</del>		<del></del>		
		<u> </u>				
	<del></del>			<del></del>		
	<del></del>	<del>,</del>	¥1-	<u> </u>		A STATE OF THE PARTY OF THE PAR
	<u> </u>	<u>,</u>	· · · · · · · · · · · · · · · · · · ·			No. of the second secon
	<del></del>					
				<u></u>	<u></u>	
				<u></u>		
	تسينتك	···		<del></del>		
	Note: Ifth	e date maene	a in inis oloc	ate of filing: _ oe specific and can ik does not meet partment of State	nic abbuenote autore.)	(optional) ger more than 90-days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed a
If th	ne record The 90t	specifies a th day afte	a delayed or the recor	effective date rd is filed.	e, but not an effect	ive time, at 12:01 a.m. on the earlier
	Dated	.August 2	0		2019	
				22	1	<b>-</b>
			9	lignature of a mon	nber or muhorized represe	outline of a memodi.
			AL	EXANDRE TO	NUS	·
			, ,	13	ped or printed name of sig	pee

Page 3 of 3